UHIP Governance Committee Meeting ~ September 16, 2014

Attendees: Felicia Alvarez, Angela Dunn, Linda Egbert, Cherie Frame, Brett. Heikens, Arlen Jarrett, Boaz Markewitz, Karla Matheson, Jeanmarie Mayer, Allyn Nakashima, Carolyn Reese, Doug Smith Andi Stubbs, Sherry Varley
Excused: Wayne Kinsey

Agenda Item	Resp. Person	Discussion	Action Items
Welcome and Introductions	Dr. Mayer	Dr. Mayer welcomed all attendees present and calling in on the phone.	
Minutes Reviewed	Dr. Mayer	Dr. Mayer asked for changes or acceptance of the minutes from the 6/17/2014 meeting. Dr. Doug Smith motioned the minutes to be accepted without correction or changes. Brett Heikens seconded the motion. Minutes approved and accepted as presented.	
Ebola Virus Disease and Preparedness	Dr. Nakashima	A PowerPoint presentation highlighted an update on the Ebola Virus disease outbreak in West Africa and plans facilities must make to prepare for patients within Utah. Ebola is a viral disease with unknown origins; however, fruit bats are suspect as well as the practice of consuming bush meats. The symptoms of the Ebola virus are fever, cough then abdominal problems presenting with vomiting and diarrhea, sometimes rash and external and internal bleeding. The incubation period is 8 to 10 days. There is no transmission prior to onset of disease and death occurs usually within nine to ten days of disease onset. After fourteen days with disease, chances increase of recovery. Treatment consists of supportive care and effort to prevent infection through contact of contaminated environment and/or body fluids exposure. Currently there is no vaccine available, but the U.S. is working on a trial which will most likely take place in the United States. Problem with this disease in Africa is there is not infrastructure and equipment to properly treat individuals. People who become ill are shunned even if they recover. Contract tracing is difficult in these countries. Earlier today, President Obama stated that the U.S. Military will be called in to help build hospitals and clinics. Utah may have military individuals or volunteers involved and thus must be prepared for their return in case there exposure to the disease takes place. CDC has developed an algorithm to guide decision making when screening persons under investigation as to whether a patient is high risk/low risk/or with no exposure. It can be found at: http://www.cdc.gov/vhf/ebola/hcp/interim-guidance-specimen-collection-submission-patients-suspected-infection-ebola.html. The sending and testing of specimens at CDC must also be done through UDOH to ensure proper tracking information is provided. Patients under investigation for Ebola must be in droplet and contact precautions. The isolation room should have a private bathroom with an ante room for donning and removing of PPEs by healthcare workers. UDOH is promptly distributing CDC guidance as it is made available, along with answering media, consumer and facility concerns. CDC Ebola updates can be found at: http://www.cdc.gov/vhf/ebola/. UDOH updates can be found at: health.utah.gov/. Dr. Nakashima has presented to several groups and healthcare corporations to assist with preparation plans.	

Ebola Virus Disease and Preparedness (cont'd)		Specific concerns raised included: • Should medical waste be kept at facility until Ebola is confirmed or ruled out? If kept, where should it be kept? • Safe transportation of medical waste from facility to waste processing facility • Safe transportation of patients between facilities • Will water departments allow flushing of waste in sewer systems? Should facilities instead use "Wag Bags"? • What will be the safe process with mortuaries in handling human remains?	Dr. Nakashima will look into how the state can be proactive to answer these concerns.
HAI Preventions Efforts:			
CUSP/CAUTI Collaborative	Ms. Egbert	One unit at the University is still participating in the CUSP/CAUTI collaborative. Dr. Mayer stated that many units are doing other CAUTI prevention efforts in addition rather than the CUSP led effort. Ms. Egbert said there is reference being made at the CUSP level to move the CAUTI prevention efforts to the long-term care facility arena. HealthInsight desires to continue work with facilities in this effort.	
CAUTI Prevention Education Wrap-up	Ms. Egbert	The statewide CAUTI Prevention education conducted by HealthInsight and UDOH was completed 03/27/2014. Representatives from 88% of the state's acute care hospitals participated. All state long-term acute care facilities participated and one homecare agency was represented. Evaluations of the education were very favorable. Specific lessons learned were: • Even experienced Infection Preventionists benefitted from review of algorithms, surveillance definitions and case studies. • Partnering of IPs and Quality Improvement Specialists continues to be a challenge. The IPs feel like hospitals expect them to take care of the problem. Most effective programs require interdisciplinary collaboration and a commitment at all levels of the organization, including quality improvement professionals. • Tools and resources are helpful and needed. More information about evidence-based interventions is needed. • Validation processes are valued and hospitals would appreciate more specific patient case review and consultation. • Time restrictions and multiple duties are an almost universal barrier. • Critical Access Hospitals will need more training as they do not have ICUs, have not been doing surveillance based on NHAN criteria. They are not even familiar with some of the terminology. HealthInsight has begun work on a new five-year contract with CMS. It will organize quality improvement efforts at the community level to bring about triple-aim results across the state. Ultimately, the work is to transform health care in our respective communities and across the nation. HAIs continue to be a major focus. HealthInsight will be requesting facilities to participate on CLABSI, CAUTI, and CDI efforts. HealthInsight will ask participating facilities to grant data rights to them and also the national coordinating center. HealthInsight plans to continue to partner in education efforts; working with the Utah APIC Chapter to	

CMS QIO Program's 11th Scope of Work	Ms. Egbert	increase evidence based prevention practices. HealthInsight also will continue collaboration with UDOH in educational efforts.	
HAI Preventions Efforts: **MDRO Detection and Prevention Wrap-Up** **MDRO**	Ms. Alvarez	A PowerPoint presentation highlighted the 2014 MDRO Surveillance Update in which reported cases of carbapenem non-susceptible organisms in Utah between January and August 2014 showed no change in case estimates or alarm thresholds. There appears to be a downward trend in *Acinetobacter* cases statewide. To date, 21 *Acinetobacter* cases, 3 *E. coli* cases and 2 *Klebsiella* cases have been reported to UDOH. One of the E. coli cases is an NDM case. Fifty percent of the cases were hospitalized, and 2 deaths occurred. There were no clusters with these organisms identified. In 2013, there were 42 *Acintobacter* cases, 4 *E. coli* cases, and 2 *Klebsiella* cases. Eighty three percent of the cases were hospitalized, 5 died, and 2 clusters were identified. The Patient Transfer Pilot Project: Phase 2 was discussed and results were as follows: 14 units from acute care hospitals participating in Phase 1 continued with Phase 2. There were two groups who participated for a month. Park City Medical Center was a new participating hospital. The project followed the same steps as Phase 1 regarding use of the Infection Control (IC) Transfer Form and reporting to UDOH. Results of the project showed 1706 total discharges (including home). Of those discharges, the IC transfer form was used 43% (730/1706) times. Of the returned forms, 63 errors were identified. These mainly were due to forms filled out incompletely. As part of the Phase 2, UDOH had an Occupational Medicine Resident, Dr. Seung Lee, conduct face-to-face interviews with the participating unit staff members. He interviewed staff at seven facilities. Of these, he found that 3 facilities used the form facility-wide, 4 facilities felt they had adequate time to participate in Phase 2, and all felt it was important to alert receiving facility and transport crews regarding potential infectious patients. Identified barriers included internally lost forms, lack of night shift or weekend usage, and unplanned discharges. Facilities had the following comments or recommendations: 1) Green stickers or green forms were felt to be more effective. 2) The person filling out the form was not always aware of the patient symptoms in order to include them in the symptom Section, and, thus, it was recommended that filling out this area of the form should be made optional. 3) Private transport crews need to be educated. 4) Making the IC Form into an electronic version was very appreciated. Ms. Alvarez discussed findings presented by Jack Meersman at the final MDRO Collaborative meeting. He indicated that over the last 2 months, communication on the patient's isolation status had increased, and that this information was given to transport crews prior to arrival. EMS crews also noticed an increase usage of the IC transfer form, and correct documentation of the patient's isolation status. LDS Hospital has had great success and it would be great to share what works with other facilities. A follow-up meeting to discuss the results of Phase 2 will be held September 22, 2014.	

Detection and Prevention Wrap-Up (cont'd)			
HAI Preventions Efforts: Dialysis HAI Prevention Efforts	Mr. Heikens	The Medicare Dialysis Facility Compare has been released. It is the first time facilities are rated for infections. Utah did very well. Catheter utilization work is being done. This will help to predict the timing of when fistulas develop correctly prior to starting dialysis. The national average for patients with fistulas is over 60% and the goal is 67%. Some patients are waiting too long to have fistulas placed.	
HAI Preventions Efforts: **Utah Healthcare Association HAI Education**	Ms. Reese	Gratitude was expressed to UDOH for purchasing over 100 copies of APIC's *Infection Preventionist's Guide to Long-term Care*. These manuals are to assist with education for the Utah's long-term care facilities. Initially it was this education would be given at the September Utah Healthcare Association Conference, but it was determined by UHA leadership that the education would be best received in February 2015 at their clinical conference.	
Epidemiology and Laboratory Capacity (ELC) Grants Notice of Award	Ms. Varley	UDOH applied for the three areas of HAI CDC Epidemiology and Laboratory Capacity (ELC) Grants in May 2014. Notice of Award was disappointing. The HAI Prevention Infrastructure section was awarded $109,376. The grant for Carbapenem-resistant enterobacteriaceae (CRE) was awarded $42,000. No money was awarded for HAI Data Validation.	
Health Care Associated Infections/ Annual Report	Ms. Varley	The HAI Annual Report was reviewed. The annual HAI Report is complete and ready for publishing on the UDOH website on October 1, 2014. It can be found at: http://health.utah.gov/epi/diseases/HAI/surveillance/. The report was sent to all reporting facilities for a 30-day comment period prior to finalization. The few comments received were incorporated in the final draft. Key findings indicate that Utah acute care hospitals are showing improvement when compared to national data for CLABSIs, CDIs, and MRSA bacteremias. Utah is below the national baseline for CAUTIs and Colon SSIs.	

Committee Membership and 2015 Meeting Schedule	Dr. Mayer	Dr. Mayer asked that each committee member consider preferred times and dates for next year's UHIP GC meetings. Perhaps, we should also include additional partners across the spectrum of healthcare. The topic will be addressed at our next meeting.	
		Meeting Adjourned at 5:07 pm **Next Meeting will be December 16, 2014 –Olmsted Room –State Capitol**	